

# RELIANCE STANDARD

## LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

2001 Market Street  
Suite 1500  
Philadelphia, PA 19103  
1 (800) 351-7500  
Fax: (267) 570-8812

### Annuity Non-Financial Change Form

#### Instructions:

1. Complete section 1 with current owner and joint owner information.
  - a. For address changes, complete section 2.
  - b. For name changes, complete section 3.
  - c. For ownership changes, complete section 4.
  - d. For beneficiary changes complete section 5.
2. Complete section 6 with appropriate signatures.

*Note: Lengthy designations may be placed in the special remarks section.*

#### **SECTION 1: CURRENT OWNER INFORMATION**

Contract/Policy Number(s): \_\_\_\_\_

Owner Name (First, Middle, Last Name) \_\_\_\_\_

Owner Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Joint Owner Name (If applicable) \_\_\_\_\_

Owner Social Security Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

#### **IMPORTANT INFORMATION THAT MAY IMPACT YOU:**

DO YOU LIVE IN A COMMUNITY PROPERTY STATE? **AZ, CA, ID, LA, NV, NM, TX, WA, WI**

*If you are the owner of this contract and reside in one of the states listed above and want to change the ownership, your spouse's consent is required by Law and your spouse must sign as Spouse in Section 6.*

*If the change is a result of marriage, divorce, or death, we require a copy of your marriage certificate, divorce decree, or death certificate.*

If we require additional information to complete this request, please indicate who Reliance Standard Life should contact:

Owner  Insurance Professional

#### **SECTION 2: ADDRESS CHANGE – COMPLETE WITH NEW INFORMATION**

**Choose one:**  Owner  Annuitant or Insured  Other \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Special Remarks For Joint Owner Address \_\_\_\_\_

#### **SECTION 3: NAME CHANGE**

Attach a copy of the proper legal documentation (i.e. divorce decree, driver's license, marriage certificate) and sign Section 6.

**Choose one:**  Owner  Annuitant or Insured  Other **Reason for the name change:**  Marriage  Divorce  Other

**FROM:** Previous Name (First, Middle, Last Name) \_\_\_\_\_

**TO:** New Name (First, Middle, Last Name) \_\_\_\_\_

**SECTION 4: OWNERSHIP CHANGE (Non-Qualified Annuity Plan Types)**

Upon an ownership change, any automated withdrawal programs will be cancelled.

When the Ownership of a contract is changed and a new beneficiary is not elected at the time of the ownership change, then the beneficiary will become changed to The Estate.

The transfer of ownership of an annuity contract may have tax or legal implications; therefore, you should consult with a competent tax or legal advisor before initiating any such change. Once the ownership change is effective, the tax reporting of the change cannot be reversed.

We reserve the right to reject any proposed change of Owner or Beneficiary, as well as any proposed assignment of the annuity, subject to state limitations.

**INFORMATION FOR ALL NEW OWNERS**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person/entity that owns an account. What this means: When a person/entity becomes the owner of an account, we must ask for the name, acting trustee/ officer name(s), SSN / EIN / TIN, address, date of birth, and other information that will allow us to identify the person/entity. We may also require other identifying documents to be attached. For individual persons, if required by the USA Patriot Act, we will use the information provided and a national database to verify your information.

**This information is required in order to complete your request**

Please check one:  Individual  
(as it relates to the new owner)  Corporation / Trust

**Note: All trust owners must complete a Trust Certification form (EF-2989).**

*Note: Not all plan types are available. Reliance Standard Life reserves the right to refuse certain plan types on a non-discriminatory basis.*

**New Owner Name** (First, Middle, Last Name) \_\_\_\_\_

Male  Female  Corporation/Trust E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
Month Day Year

**Mailing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Relationship of New Owner to Current Owner \_\_\_\_\_

**New Joint/Co-Owner Owner Name** (First, Middle, Last Name) \_\_\_\_\_

Male  Female Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
Month Day Year

**Mailing Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship of New Joint/Co-Owner to Current Owner \_\_\_\_\_

**Note: Any systematic withdrawals currently in place will cease with the change of ownership. Please contact the Customer Care Unit for a Systematic Withdrawal Form (EF-1143-A).**

**SECTION 5: BENEFICIARY CHANGE (all fields below must be completed)**

If this change is a result of a divorce Reliance Standard Life may require the Notification of Divorce and Division Form.

I hereby request the following Beneficiary change:

- All beneficiary (ies) previously designated will be revoked unless requested otherwise in writing by the owner(s).
- Please check primary or contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary and all classes must total 100% and all beneficiary designations are per capita unless otherwise noted.
- All beneficiaries in a class are assumed to share equally unless requested otherwise in writing by the Owner(s).
- **For Massachusetts' residents** - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Insurance Professional can sign as a witness.
- If a Trust is named as a beneficiary, the name of the Trust, the inception date of the Trust, and the trustee name(s) are required in order for us to process the request.

*(All fields below must be completed.)*

Primary  Contingent  Male  Female Percentage \_\_\_\_\_ % Telephone Number \_\_\_\_\_

Beneficiary Name (First, Middle, Last Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
*MM / DD / YYYY*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to Owner / Trustee name(s) if Trust** \_\_\_\_\_

Primary  Contingent  Male  Female Percentage \_\_\_\_\_ % Telephone Number \_\_\_\_\_

Beneficiary Name (First, Middle, Last Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
*MM / DD / YYYY*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to Owner / Trustee name(s) if Trust** \_\_\_\_\_

Primary  Contingent  Male  Female Percentage \_\_\_\_\_ % Telephone Number \_\_\_\_\_

Beneficiary Name (First, Middle, Last Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
*MM / DD / YYYY*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to Owner / Trustee name(s) if Trust** \_\_\_\_\_

Primary  Contingent  Male  Female Percentage \_\_\_\_\_ % Telephone Number \_\_\_\_\_

Beneficiary Name (First, Middle, Last Name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security/Tax I.D. Number \_\_\_\_\_  
*MM / DD / YYYY*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to Owner / Trustee name(s) if Trust** \_\_\_\_\_

*(if adding more than 4 Beneficiaries, please use the "SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS" below.)*

**SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS**

**SECTION 6: SIGNATURES**

*If you are signing on behalf of an individual or entity in the capacity of Attorney-in-Fact or Trustee, the proper authorization must be on file or submitted with this request. See below for additional signature requirements.*

By completing one or more sections of this form and signing below, I certify that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party. Changes requested pursuant to this form are effective as of the date Reliance Standard Life receives and accepts this completed and signed form and any other documentation required by Reliance Standard Life in good order as determined by Reliance Standard Life.

By completing Section 4 and signing below, the current Owner(s) acknowledges that all ownership rights and privileges under the annuity listed in section 1 will be relinquished and transferred to the new Owner(s). Further, by signing below the new Owner(s) acknowledges and accepts all ownership rights, privileges and obligations.

**Owner Signature Requirements**

**Corporate Owner** - Must be signed by an officer other than the insured/annuitant. A Corporate Resolution showing authority will be required. The officer signing must sign and provide title.

**Power-of-Attorney** - Must be signed by Attorney-in-Fact or Owner. If the Power of Attorney is not on record with RSL, please attach to this form. Attorney-in-Fact must sign in that capacity, i.e. John Doe, Attorney-in-Fact.

**Trust** - Trustees must sign this form in that capacity, i.e. John Doe, Trustee.

**Irrevocable Beneficiary** - Must be signed by both Irrevocable Beneficiary and Owner.

**SECTION 6: SIGNATURES (CONTINUED)**

**OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)**

Owner Social Security/Tax I.D. Number \_\_\_\_\_

***Under penalties of perjury, I certify that the taxpayer identification number (SSN/TIN) I have listed on this form is my correct SSN/TIN. Failure to provide an SSN/TIN may result in mandatory tax withholding. I further certify that:***

- I am a U.S. citizen or other U.S. person (including resident alien).
- I am not a U.S. citizen or other U.S. person (including resident alien). I am a citizen of \_\_\_\_\_

If not a U.S. person (including resident alien) or U.S. Entity, submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or I MY). In most instances, Form W-8BEN will be the appropriate form.

<b>SIGN HERE</b> ➡	_____	_____
	Current Owner's signature	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	Current Joint/Co-Owner's signature	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	New Owner's signature	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	New Joint/Co-Owner's signature	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	Irrevocable Beneficiary signature	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	Spouse Signature for Community Property States <b>(AZ, CA, ID, LA, NV, NM, TX, WA, WI)</b>	Date of signature (Month/Day/Year)
<b>SIGN HERE</b> ➡	_____	_____
	Witness signature	Date of signature (Month/Day/Year)

**For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Insurance Professional can sign as a witness.**



**CONTACT & MAILING INFORMATION**

**Annuity Services Administration**  
Customer Care Unit: 1 (800) 351-7500  
8:00AM-7:00PM ET, Monday-Friday  
Fax: (267) 570-8812

**Regular Mail Delivery or Overnight Service**  
Reliance Standard Life Insurance Company  
Attn: Annuity Services  
2001 Market St. STE 1500  
Philadelphia PA 19103-7090

**Note: All pages of this form must be returned before changes can be recorded.**